

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date: ____/____/20____ CHW's Name: _____ Tel: _____

Child's name: First _____ Family _____ Age: ____ Years/____ Months. Boy / Girl

Caregiver's Name: _____ Relationship: Mother / Father / Other: _____

Name of Community Unit: _____ Name of Link Facility: _____

House Hold Number: _____ Caregiver's Phone Number: _____

1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. YES , sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input type="checkbox"/>		
<input type="checkbox"/> Cough? If yes, for how long? ____ days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input type="checkbox"/> Fever (reported or now)? If yes, started ____ days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Difficulty drinking or feeding? IF YES, <input type="checkbox"/> not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
LOOK:		
<input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> IF COUGH, count breaths in 1 minute: _____ breaths per minute (bpm) <input type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input type="checkbox"/> For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green__	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

2. Decide: Refer or treat child

(tick decision)

☐ If ANY Danger Sign,
REFER URGENTLY to
health facility

☐ If NO Danger Sign,
treat at home and
advise caregiver

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Child's name: _____ Age: _____

3. Refer or treat child

(tick treatments given and other actions)

☐ If ANY Danger Sign,
REFER URGENTLY to
health facility

☐ If NO Danger Sign,
treat at home and
advise caregiver

**If any danger sign,
REFER URGENTLY to health facility:**

ASSIST REFERRAL to health facility:
☐ Explain why child needs to go to health facility. **GIVE FIRST DOSE OF TREATMENT:**

<input type="checkbox"/> If Diarrhoea	<input type="checkbox"/> If child can drink, begin giving ORS solution right away.
<input type="checkbox"/> If Fever AND <input type="checkbox"/> Convulsions or <input type="checkbox"/> Unusually sleepy <input type="checkbox"/> or unconscious or <input type="checkbox"/> Not able to drink <input type="checkbox"/> or feed anything <input type="checkbox"/> Vomits everything	<input type="checkbox"/> Give rectal artesunate suppository (100 mg) <input type="checkbox"/> Age 2 months up to 3 years—1 suppository <input type="checkbox"/> Age 3 years up to 5 years—2 suppositories <hr/> <input type="checkbox"/> Give first dose of oral antimalarial AL. <input type="checkbox"/> Age 2 months up to 3 years—1 tablet <input type="checkbox"/> Age 3 years up to 5 years—2 tablets
<input type="checkbox"/> If Fever AND danger sign other than the 3 above	
<input type="checkbox"/> If Chest indrawing, or <input type="checkbox"/> Fast breathing	<input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg) <input type="checkbox"/> Age 2 months up to 12 months—1 tablet <input type="checkbox"/> Age 12 months up to 5 years—2 tablets

☐ For any sick child who can drink, advise to give fluids and continue feeding.
☐ Advise to keep child warm, if child is NOT hot with fever.
☐ Write a referral note.
☐ Arrange transportation, and help solve other difficulties in referral.
→ FOLLOW UP child on return at least once a week until child is well.

**If no danger sign,
TREAT at home and ADVISE on home care:**

<input type="checkbox"/> If Diarrhoea (less than 14 days AND no blood in stool)	<input type="checkbox"/> Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty. <input type="checkbox"/> Give caregiver 4 ORS packets to take home. Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool. <input type="checkbox"/> Give zinc supplement. Give 1 dose daily for 10 days: <input type="checkbox"/> Age 2 months up to 6 months—1/2 tablet (total 5 tabs) <input type="checkbox"/> Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now.
<input type="checkbox"/> If Fever (less than 7 days) in a malaria area	<input type="checkbox"/> Do a rapid diagnostic test (RDT). ___Positive ___Negative <input type="checkbox"/> If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine). Give twice daily for 3 days: <input type="checkbox"/> Age 2 months up to 5 months—1/2 tablet (total 3 tabs) <input type="checkbox"/> Age 5 months up to 3 years—1 tablet (total 6 tabs) <input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days. Fever, give paracetamol, Every six hours for 3 days: Age 2 months up to 3yrs - 1/4 of 500mg tablet or 1 of 100mg tablet Age 3yrs up to 5yrs - 1/2 of 500mg tablet or 1 1/2 of 100mg tablet
<input type="checkbox"/> If Fast breathing	<input type="checkbox"/> Give oral antibiotic (Amoxicillin tablet—250 mg). Give twice daily for 5 days: <input type="checkbox"/> Age 2 months up to 12 months—1 tablet (total 10 tabs) <input type="checkbox"/> Age 12 months up to 5 years—2 tablets (total 20 tabs) Help caregiver give first dose now.
<input type="checkbox"/> If Yellow on MUAC strap	<input type="checkbox"/> Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available
<input type="checkbox"/> For ALL children treated at home, advise on home care	<input type="checkbox"/> Advise caregiver to give more fluids and continue feeding. <input type="checkbox"/> Advise on when to return. Go to nearest health facility immediately or if not possible return if child <input type="checkbox"/> Cannot drink or feed <input type="checkbox"/> Becomes sicker <input type="checkbox"/> Has blood in the stool <input type="checkbox"/> Advise caregiver on use of a bednet (ITN). <input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below).

4. CHECK VACCINES, DEWORMING & VITAMIN A STATUS

(Tick ☐ deworming drug or vitamin A doses completed; Circle ☐ those missed):

Advise caregiver, if needed: WHEN and WHERE to get the next dose.

* not given beyond 32 weeks
** only in selected districts

Age	Vaccine				Vitamin A for age given?
Birth	<input type="checkbox"/> BCG			<input type="checkbox"/> OPV-0 (upto 2wks)	<input type="checkbox"/> 6 months
6 weeks	<input type="checkbox"/> DPT—Hib + HepB 1	<input type="checkbox"/> ROTA 1	<input type="checkbox"/> Pneumo 1	<input type="checkbox"/> OPV-1	<input type="checkbox"/> 12 months (1 year)
10 weeks	<input type="checkbox"/> DPT—Hib + HepB 2	<input type="checkbox"/> ROTA 2*	<input type="checkbox"/> Pneumo 2	<input type="checkbox"/> OPV-2	<input type="checkbox"/> 18 months (1 1/2 years)
14 weeks	<input type="checkbox"/> DPT—Hib + HepB 3		<input type="checkbox"/> Pneumo 2	<input type="checkbox"/> OPV-3	<input type="checkbox"/> 24 months (2 years)
9 Months	<input type="checkbox"/> Measles 1		<input type="checkbox"/> Yellow fever**		<input type="checkbox"/> 30 months (2 1/2 years)
18 Months	<input type="checkbox"/> Measles 2				<input type="checkbox"/> 36 months (3 years)
					<input type="checkbox"/> 42 months (3 1/2 years)
					<input type="checkbox"/> 48 months (4 years)
					<input type="checkbox"/> 54 months (4 1/2 years)
					<input type="checkbox"/> 60 months (5 years)

DEWORMING FROM 1 YEAR			
Give once every six months to all children one year and above: If Mebendazole 500mg or Albendazole 200mg for children 1 to 2 years and 400mg for children 2 years and above.			Date of next visit
Age	Drug	Dosage	
12 months (1Year)			
18 months (1 1/2Years)			
24 months (2Years)			
30 months (2 1/2Years)			
36 months (3Years)			
42 months (3 1/2Years)			
48 months (4years)			
54 months (4 1/2Years)			
60 months (5Years)			

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem: _____

6. When to return for FOLLOW UP (circle):

Monday Tuesday Wednesday Thursday
Friday Saturday Sunday

7. Note on follow up:

☐ Child is better—continue to treat at home. Day of next follow up: _____.
☐ Child is not better—refer URGENTLY to health facility.
☐ Child has danger sign—refer URGENTLY to health facility.